



# An Investigation on Adoption of Socio-Culturally Based Teaching Strategies Among Iranian Clinical Nurse Educators

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## ABSTRACT

**Background:** In today's complex healthcare environments, the traditional teaching strategies and learning models are unable to prepare learners to confront with rapid changes. Some education scholars believe that the teaching strategies based on socio-culturally theory are more responsible and efficient.

**Objectives:** The present study was conducted to investigate socio-culturally-based teaching strategies being adopted or assigned by Iranian clinical nurse educators as high priorities.

**Patients and Methods:** A descriptive study was conducted on 38 nurse educators from two nursing and midwifery faculties in Tabriz and Urmia, Iran. Data were collected over a period of 2 months in 2010 using the Phillip's Adoption Appraisal Instrument, developed by Bonk & Kim. The instrument items have been ranked on a 4-point Likert-type scale and ordered in 10 subscales. The data were analyzed using SPSS software version 13.0. The overall mean, standard deviation, and confidence interval 95% were calculated for each subscale to determine the rank distribution of subscales.

**Results:** All strategies were known as a moderate adoption ( $2.72 \pm 0.44$  of 4), however prioritizing in adoption of socio-culturally-based teaching strategies from clinical nurse educators' viewpoints indicated that 60% of strategies were evaluated as the most adopted strategies, 10% as the least, and the other 30% in moderate mode.

**Conclusions:** Due to the importance of socio-culturally-based theory strategies in clinical settings and the moderate adoption of strategies from clinical nurse educators' viewpoints, educational planners and policymakers should prepare required prepositions to progress the adoption and the usage of these strategies.

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### ► Implication for health policy/practice/research/medical education:

Nurse instructors and the authorities in nursing faculties are responsible for adoption of socio-culturally-based teaching strategies in the process of nursing education.

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## 1. Background

Nursing is a professional discipline with academic and practice dimensions in which educational process needs to provide both theoretical and clinical, practical, or technical components. In this respect, the clinical dimension is considered as the heart of nursing education, because theoretical principles are applied to practical situations in this area (1, 2). Clinical learning activities provide real-life experiences and opportunities for transfer of knowledge to practice (3); so it requires expert clinical nurse educators with main focus on preparing skilled, safe, and competent nurse graduates for today's healthcare environments (3-5). Healthcare has been changed dramatically in the last 20 years. Consequently, changes in the healthcare delivery environment have affected clinical teaching (6). Accordingly, there is a call for a shift in clinical nursing education that emphasizes on new teaching strategies designed to promote a developmental approach to the acquisition of nursing knowledge, skills and, attitudes supported by evidence-based pedagogy (5-7). Nevertheless, researches about the learning means of teaching by clinical educators or the teaching strategies are assigned in clinical environment are very few in nursing literatures (8). Thus, this is important and necessary for scholars to assess and ascertain highly prioritized strategies adopted by clinical nurse educators in clinical practice for improved preparation of nurse graduates in complexity-increased work environments. To do this, education scholars assert that the effective and successful teaching are based on fundamental factors of environment, teacher, and learner (9). To improve the quality of education, the manipulation of environment and learner factors are relatively difficult with less opportunity to that, and therefore it is believed that teachers or the strategies used are the most important effective factors, particularly in clinical education (10). The education in clinical settings encounters nurse educators with different challenges seen in the classroom. Clinical environment is complex and rapidly changing, with a variety of new settings and roles in which nurses must be prepared to exercise. Such a setting requires different approaches for education (11). On the other hand, in nursing education, the classroom and clinical environments are linked and the students must implement in clinical practice what they have learned in the classroom. It is known that in today's complex healthcare environments, the traditional teaching strategies and learning models are unable to prepare learners to confront with rapid changes (12). Trying to approach to an appropriate teaching strategy, Iranian researchers have compared traditional teaching methods with problem-based learning (13) group discussion and nursing-process (14-16) and -work in small groups (17). However, still there is no consensus about the best method. Consequently and solving the problems, among many theories proposed, some education scholars believe that the strategies based on socio-cultural theory (SCT) are

more responsible and efficient in traditional nursing education (18). The basic tenet of socio-cultural approach is that human mental functioning is inherently situated in social interactional, cultural, institutional, and historical contexts (19). Socio-culturally learning theory is a learner-center and self-directed model of learning with more active participation of learners (20, 21), and may provide a better education to meet the complex needs of today's learners (22). So, this is imperative to study the adoption of socio-culturally-based teaching strategies by clinical nurse educators. This is clear that the efficiency and effectiveness of clinical teaching strategies based on SCT are significantly associated with educators' knowledge and attitudes to these strategies. Unfortunately, few studies have been conducted in this area in Europe, Africa, Asia, and especially in Iran. Therefore, with regard to human, social, economic, and cultural issues governing nursing clinical education system in Iran, the question raises about high priority SCT-based teaching strategies that are adopted or assigned by clinical nurse educators.

## 2. Objectives

The aim of the present study was to investigate which socio-culturally based teaching strategies are mostly adopted by Iranian clinical nurse educators. Information obtained from this study may hopefully provide a foundation for nurse educators to consider the adoption of new evidence-based teaching strategies to bring positive changes to nursing education.

## 3. Patients and Methods

### 3.1. Design

A descriptive design was used in this study. The target population for this study was all clinical nurse educators from two nursing and midwifery faculties in Tabriz and Urmia, Iran. We selected the participants by using convenience sampling. All potential educators were individually asked to participate in this study. The inclusion criteria consisted of having work experience as an educator in a healthcare setting, having employed as a clinical nurse educator in a nursing faculty with responsibility for teaching to pre-licensure nursing students in clinical settings, and being available at the time of data collection. In this study, the number of 43 educators met inclusion criteria. Of total 43 clinical nurse educators, 5 educators refused to participate and remained 38 educators (response rate: 77.5%) in this study.

### 3.2. Data Collection

Data were collected over a period of 2 months (May and June 2011), using the Phillip's Adoption Appraisal Instrument, developed by Bonk and Kim in 1998 (19). Eligible participants were approached individually with an explanation of the study. Thereafter, the instrument pack (containing the consent form, directions for doing the

scoring of items, a demographic data sheet and, main questionnaire of Socio-Culturally Based Teaching Strategies (SCBTS)) was given to the study participants and questions were answered as needed. The SCBTS consisted of 60 items categorized into the following 10 subscales: "Scaffolding", "Questioning", "Managing instruction", "Coaching", "Direct instruction", "Articulation", "Exploration", "Cognitive task structuring", "Reflection", and "Modeling". All items were ranked on a 4-point Likert-type scale ("Strongly disagree", "Disagree", "Agree", "Strongly agree" with 1 to 4 scores, respectively).

In the current study, the SCBTS were translated to Persian and verified by content validity. Content validity was evaluated by 10 expert panels (doctoral-prepared nurse educators who were knowledgeable in SCT) and according to their suggestions, some modifications were applied. The reliability of this instrument was determined by a test-retest method in which the same test was given to the same subjects (5 clinical nurse educators) after two weeks. Thereafter, the reliability was estimated by examining the consistency of the responses between the two tests. The Pearson correlation coefficient was 0.9 for total items and 0.78 to 0.98 for 10-subscales.

### 3.3. Ethical Considerations

Before beginning the study, approval was obtained from the Ethical Committee of Tabriz University of Medical Sciences, Iran. The research assistant met with each participant and explained the purpose of the study and the instrument packet materials. Moreover, written informed consent to participate in the study was obtained from all participants who agreed to complete the study. It emphasized that participation was voluntary and subjects were assured of confidentiality.

### 3.4. Data Analysis

The data were analyzed using SPSS software version 13.0 and each instrument item was first coded for statistical analysis from 1 (for strongly disagree) to 4 (for strongly agree) and then mean scores and standard deviations were calculated to find the ranking of clinical nurse educators' adoption. The overall mean (1 to 2 as least adoption, 2.1 - 3 as moderate, and 3.1 - 4 as most adoption) was assigned to determine the rank distribution of the subscales, eventually.

## 4. Results

In this study, clinical nurse educators ( $n = 38$ ) ranged in age from 24 to 50 (a mean age of  $38.6 \pm 7.8$ ) years; most were women (60.5%), married (78.9%), and twenty-eight (73.75%) were medical-surgical clinical educators. The mean length of experience in clinical nursing education was  $10.32 \pm 7.9$  years and the mean length of providing clinical care in healthcare settings was  $9 \pm 6.77$  years. Mean scores were calculated for each 10-subscale of the

**Table 1.** Mean Values and 95% Confidence Interval of Clinical Nurse Educators' Adoption of SCBTS in Rank Order

	Mean $\pm$ SD	95% CI
<b>Scaffolding</b>	$2.98 \pm 0.4$	2.82 - 3.13
<b>Questioning</b>	$2.96 \pm 0.4$	2.81 - 3.11
<b>Managing instruction</b>	$2.90 \pm 0.4$	2.76 - 3.04
<b>Coaching</b>	$2.88 \pm 0.4$	2.74 - 3.02
<b>Direct instruction</b>	$2.83 \pm 0.5$	2.63 - 3.02
<b>Articulation</b>	$2.80 \pm 0.4$	2.67 - 2.94
<b>Cognitive task structuring</b>	$2.57 \pm 0.3$	2.46 - 2.67
<b>Reflection</b>	$2.57 \pm 0.4$	2.41 - 2.73
<b>Modeling</b>	$2.53 \pm 0.3$	2.41 - 2.65
<b>Exploration</b>	$2.20 \pm 0.5$	2.00 - 2.39

Abbreviation: SCBTS, socio-culturally based teaching strategies

SCBTS, ranging from  $2.98 \pm 0.46$  to  $2.2 \pm 0.58$ , respectively. The ranking of the 10-subscale in order of the most adoption to the least from clinical nurse educators' views are presented in Table 1. As seen in Table 1, the adoption of all strategies for SCBTS mentioned by clinical nurse educators is on the middle-point range, but ranking of adoption of these strategies indicates that "Scaffolding", "Questioning", "Managing instruction", "Coaching", "Direct instruction", and "Articulation" strategies are high-rated and "Exploration" strategy is low-rated and other three strategies ("Cognitive task structuring", "Reflection", and "Modeling") are in moderate mode.

## 5. Discussion

The present study demonstrated that the overall adoption for the SCBTS mentioned by clinical nurse educators was on the middle-point range. This finding is in accordance with Phillips' study results (8). The clinical nurse educators in the present study used the 10 strategy at moderate level. The finding of the present study can be interpreted in light of the previous studies conducted within Iran's clinical settings. In a study of nursing instructors views about problems in clinical education, Niknam (23) has reported "lack of proficient teachers, large number of students, and lack of educational equipment and facilities" as real problems associated with clinical environments and educational planning (23). Adib-Hajbaghery *et al.* (24) have also reported that the gap between theory and practice, low knowledge, and time shortage of nurse educators have negative effects on effective and evidence-based education in nursing. Therefore, it can be concluded that low knowledge and time shortage of nurse educators to apply socio-culturally based teaching strategies are important barriers to efficient and optimal use of available educational opportunities. In this study, "scaffolding", "questioning", "managing instruction", "coaching", "direct instruction", and "articulation" were top-rated teaching strategies.

Indeed, 60% of strategies were evaluated as the most adopted strategies, 10% of strategies (exploration) as the least, and other 30% of strategies ("cognitive task structuring", "reflection" and "modeling") as moderate mode. The ranking of some of the strategies in the present study were in contrast and some in accordance to a study conducted in the United States (8). However, implied from the results, top-rated strategies are often used together and teachers in a clinical situation apply several different strategies simultaneously. Also, the high adoption of "scaffolding" can be the strength of our clinical training that should be more reinforced for appropriate and correct application of this strategy. There are literatures that support our results (25-31). However, the dearth of literatures and research on the adoption and effectiveness of new teaching strategies and curricula in clinical nursing education point to a critical need to study the adoption of new teaching strategies to provide a basis for effective and evidence-based clinical education. Phillips in United States has investigated clinical nurse educators' adoption of socio-culturally-based teaching strategies and reported that 40% of teaching strategies were adopted highly by clinical nurse instructors. However, 50% of the strategies were mentioned as moderately adopted. In Phillips' study, "exploration" strategy had a rank while in our study, this strategy was adopted as the least priority (8). It appears that educational opportunities and facilities for the adoption and use of socio-culturally-based teaching strategies are likely more appropriate for clinical nurse educators in USA. On the other hand, it seems that resistance to change in academic environments, such ours, is often a great barrier to the adoption and implementation of different teaching approaches (24, 32, 33). Indeed, most nurse educators teach in the manner in which they were taught (3, 24, 34) and are often inadequately supported to make changes (8). To sum up, mean values for 10-subscales of SCBTS indicated that these new strategies may be most greatly influenced by whether the strategy is compatible with the educators' needs, values, and experiences, whether it can be tried out before it is used in the clinical setting, and whether it is more advantageous to student learning needs than other teaching strategies (35). Anyway, it seems the complexity of new strategies such as SCBTS makes them to be not appropriately used in our clinical settings. The current study showed that all strategies were known as the moderately adopted by clinical nurse educators. Also, "scaffolding" strategy as the main strategy in SCT had the most adoption among others that it can be strong point in our clinical education. These findings imply that correct deployment and precise applying of the SCBTS by educators should be more emphasized. Also, educational workshops should be established for nurse educators to empower them to implement socio-culturally-based teaching strategies. The findings of the present study need to be considered in light of several methodological limitations. We recruit

only clinical nurse educators from two nursing-midwifery faculties in Iran (Urmia and Tabriz); therefore the findings cannot be generalized to other universities. Also, in this study, some of the SCBTS had close meanings that likely lead them difficult to make a true distinction, although it was tried to provide full explanations and various examples for participants to reduce this limitation.

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## Authors' Contribution

Vahid Zamanzadeh (VZ) and Ebrahim Aliafsari (EA) were responsible for the study conception and design; EA performed the data collection; VZ, Leila Valizadeh (LV), and EA performed the data analysis; Roghaieh Azimzadeh (RA) and EA were responsible for the drafting the manuscript; VZ, EA, RA made critical revisions to the paper for important intellectual content and VZ supervised the study.

## Financial Disclosure

The authors declare that they have no competing interests.

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